Among women 80% had children (47%>1 child), 13% reported a past history for oral contraceptive use, 85% were in postmenopausal period and 7% reported an hormonal replacement treatment for more than one month.

**Conclusion:** The very preliminary data of this prospective data collection, supported by WALCE, provide information about different aspects of lung cancer by gender, suggesting interesting hints about the necessity to collect accurate data about hormonal status in women with lung cancer.

**P1-044** **Epidemiology and Tobacco Control Posters, Mon, Sept 3**

### Trends of clinical characteristics of lung cancer diagnosed in Chungnam national university hospital since 2000

Park, Hee Sun; Lee, Yu-Jin; Joung, Mi-Kyong; Lee, Jeong Eun; Jung, Sung Soo; Kim, Ju Ock; Kim, Sun Young

*Department of Internal Medicine, Chungnam National University Hospital and Cancer Research Institute, Daejeon, Korea*

**Background:** Lung cancer is now one of the most frequently diagnosed cancer in the world and the incidence has increasing also in South Korea. In several recent studies, increasing incidence of adenocarcinoma and female/male ratio has been reported. The aim of this study is to investigate the changing trends in sex and age distribution the histological type of tumors in lung cancer.

**Methods:** The present retrospective study is based on the analysis of medical records of patients who diagnosed with primary lung cancer between 2000 and 2006 in Chungnam national university hospital. We analyzed the age and sex distribution, histological type and initial stage of lung cancer.

**Results:** A total of 1341 cases were collected. The overall male to female ratio was 3.98: 1, and the age distribution ranged from 30 to 87 years, and the median age of overall patients was 66 years. In 2000 the male/female ratio for lung cancer cases was 3.44:1, then with increasing male rates and decreasing female rates, the ratio is now 5.41:1 in 2006. Among 1341 patients, 69.9% (n=928) were current smokers and the rate of current smoking showed a significant increasing trend over the years (68.0% in 2000, 76.0% in 2006, p=0.001). Squamous cell carcinoma (39.1%, n=523) was the leading type of lung cancer followed by adenocarcinoma (32.1%, n=430). The incidence of adenocarcinoma was more increased from 34.0% in 2000 to 37.4% in 2006 although squamous cell carcinoma remains the predominant type of lung cancer (36.0% in 2000, 41.2% in 2006). Advanced lung cancer, which was found in 64.2% of patients of non small cell lung cancer in 2000, increased to 69.2% in 2006. But, rate of extended stage in small cell lung cancer decreased from 46.2% in 2000 to 35.0% in 2006.

**Conclusion:** In contrast to other countries, squamous cell carcinoma was still the most frequent type of lung cancer. But there has been a shift in the histology pattern with an increase in the percentage of adenocarcinoma. High proportions of smoker and advanced, unresectable lung cancer urge us to develop the program for cessation of smoking and early detection.

**P1-045** **Epidemiology and Tobacco Control Posters, Mon, Sept 3**

### The role of smoking, genetic factor and stress in lung and laryngeal cancer occurrence - epidemiological study

Pavlovska, Irina Orovcanec, Nikola Zafirova, Beti

*Institute of Epidemiology & Biostatistics, Medical Faculty, Skopje, Macedonia*

Cancer is on the second place as a death cause in the developed countries, and among the three leading causes in the developing countries. Lung cancer(LC) in majority of the industriously developed countries is the most frequent in men.Immediately after lung, larynx cancer(LarC) comes according to the frequency of occurrence among respiratory tract cancers. The most important of the so called “lifestyle” risk factors in occurrence of the LC and LarC are cigarette smoking, while the endogenous ones are presented by psychosocial and genetic factor.

**Objectives:** To determine the distribution of LC and LarC cancer patients according to gender and age; to determine and quantify presence of smoking, heredity and stress in LC and LarC as well as to determine the importance of difference in presence of the mentioned risk factors between the two groups.

**Methods:** Investigation comprised the period from 1stJune 2005 up to 1stJune 2006, and included 35 LC and 35 LarC patients. Data were collected from the Clinical Centre. Descriptive and analytical epidemiologic methods were applied.Structure percentage was determined in data analysis for the series with attributive features.Difference among the series with numerical features in independent specimens, was tested by t-test for independent specimens. Mann-Whitney U test was used to determine the significance of difference between two independent specimens with attributive features.

**Results:** The group of LC patients comprised 28 (80%) men and 7 (20%) women, while there were no women in the group of patients with LarC.Greatest percent of the diseased in both groups belonged to the age group from 50-69 years (68,6%-LC;80%-LarC).There was no significant difference in the disease relating the genetic factor between the interviewees with LC and LarC for Z=0,23;p>0,05. Most frequent cancer localization in relatives of LC patients were the lungs(50%),nand in the relatives of the LarC patients was skin cancer(21,5%). There was no significant difference (Z=-1,5;p>0,05)between the LC and LarC in distribution of the malignant diseases concerning the cancer localization in relatives. Exposed to stressed situations were 54,3% persons with LC, 80% with LarC. For Z=2,27;p<0,05 stressed was significantly more present among patients with LC than among those with LarC.For Z=0,6;p>0,05 there was no significant difference in relation to stress type (acute or chronic) between the diseased from both cancers.Cigarette smoking habit was in a great extent present among the diseased:LC-54,3%;LarC-68,6%. Majority of the diseased smoke between 21-40 cigarettes per day (48,4%-LC;62,9%-LarC). There was no significant difference in the number of the daily smoked cigarettes between the diseased LC patients and those with LarC(Z=-0,58;p>0,05). Smoking length from 31-45 years had the greatest percent of the participants in the both groups (41,9%-LC;51,4%-LarC).

**Conclusions:** Results from this study proved the role of smoking as the most important risk factor in the occurrence of the LC and LarC. M ain stress in prevention of these diseases has been directed towards information of the population about harmful effects of this habit.